



## Senate

General Assembly

**File No. 427**

February Session, 2012

Substitute Senate Bill No. 414

*Senate, April 16, 2012*

The Committee on Public Health reported through SEN. GERRATANA of the 6th Dist., Chairperson of the Committee on the part of the Senate, that the substitute bill ought to pass.

### ***AN ACT CONCERNING ADVANCED PRACTICE REGISTERED NURSES' CERTIFICATION OR SIGNATURE.***

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Subsection (e) of section 10-221a of the 2012 supplement  
2 to the general statutes is repealed and the following is substituted in  
3 lieu thereof (*Effective October 1, 2012*):

4 (e) Any student who presents a certificate from a physician or  
5 advanced practice registered nurse stating that, in the opinion of the  
6 physician or advanced practice registered nurse, participation in  
7 physical education is medically contraindicated because of the physical  
8 condition of such student, shall be excused from the physical  
9 education requirement, provided the credit for physical education may  
10 be fulfilled by an elective.

11 Sec. 2. Subsection (a) of section 10a-155 of the general statutes is  
12 repealed and the following is substituted in lieu thereof (*Effective*  
13 *October 1, 2012*):

14 (a) Each institution of higher education shall require each full-time  
15 or matriculating student born after December 31, 1956, to provide  
16 proof of adequate immunization against measles, rubella and on and  
17 after August 1, 2010, to provide proof of adequate immunization  
18 against mumps and varicella as recommended by the national  
19 Advisory Committee for Immunization Practices before permitting  
20 such student to enroll in such institution. Any such student who (1)  
21 presents a certificate from a physician or an advanced practice  
22 registered nurse stating that in the opinion of such physician or  
23 advanced practice registered nurse such immunization is medically  
24 contraindicated, (2) provides a statement that such immunization  
25 would be contrary to his religious beliefs, (3) presents a certificate from  
26 a physician, an advanced practice registered nurse or [from] the  
27 director of health in the student's present or previous town of  
28 residence, stating that the student has had a confirmed case of such  
29 disease, (4) is enrolled exclusively in a program for which students do  
30 not congregate on campus for classes or to participate in institutional-  
31 sponsored events, such as students enrolled in distance learning  
32 programs for individualized home study or programs conducted  
33 entirely through electronic media in a setting without other students  
34 present, or (5) graduated from a public or nonpublic high school in this  
35 state in 1999 or later and was not exempt from the measles, rubella and  
36 on and after August 1, 2010, the mumps vaccination requirement  
37 pursuant to subdivision (2) or (3) of subsection (a) of section 10-204a  
38 shall be exempt from the appropriate provisions of this section.

39 Sec. 3. Section 10a-155a of the general statutes is repealed and the  
40 following is substituted in lieu thereof (*Effective October 1, 2012*):

41 When a public health official has reason to believe that the  
42 continued presence in an institution of higher education of a student  
43 who has not been immunized against measles or rubella presents a  
44 clear danger to the health of others, the public health official shall  
45 notify the chief administrative officer of such institution. Such chief  
46 administrative officer shall cause the student to be excluded from the  
47 institution, or confined in an infirmary or other medical facility at the

48 institution, until the student presents to such chief administrative  
49 officer a certificate from a physician or an advanced practice registered  
50 nurse stating that, in the opinion of such physician or advanced  
51 practice registered nurse, the presence in the institution of the student  
52 does not present a clear danger to the health of others.

53 Sec. 4. Subsection (a) of section 10a-155b of the general statutes is  
54 repealed and the following is substituted in lieu thereof (*Effective*  
55 *October 1, 2012*):

56 (a) For the 2002-2003 school year, and each school year thereafter,  
57 each public or private college or university in this state shall require  
58 that each student who resides in on-campus housing be vaccinated  
59 against meningitis as a condition of such residence. The provisions of  
60 this subsection shall not apply to any such student who (1) presents a  
61 certificate from a physician or an advanced practice registered nurse  
62 stating that, in the opinion of such physician or advanced practice  
63 registered nurse, such vaccination is medically contraindicated  
64 because of the physical condition of such student, or (2) presents a  
65 statement that such vaccination would be contrary to the religious  
66 beliefs of such student.

67 Sec. 5. Section 12-94 of the general statutes is repealed and the  
68 following is substituted in lieu thereof (*Effective October 1, 2012*):

69 The exemptions granted in sections 12-81 and 12-82 to soldiers,  
70 sailors, marines and members of the Coast Guard and Air Force, and  
71 their spouses, widows, widowers, fathers and mothers, and to blind or  
72 totally disabled persons and their spouses shall first be made in the  
73 town in which the person entitled thereto resides, and any person  
74 asking such exemption in any other town shall annually make oath  
75 before, or forward his or her affidavit to, the assessors of such town,  
76 deposing that such exemptions, except the exemption provided in  
77 subdivision (55) of section 12-81, if allowed, will not, together with any  
78 other exemptions granted under said sections, exceed the amount of  
79 exemption thereby allowed to such person. Such affidavit shall be filed  
80 with the assessors within the period the assessors have to complete

81 their duties in the town where the exemption is claimed. The assessors  
82 of each town shall annually make a certified list of all persons who are  
83 found to be entitled to exemption under the provisions of said sections,  
84 which list shall be filed in the town clerk's office, and shall be prima  
85 facie evidence that the persons whose names appear thereon and who  
86 are not required by law to give annual proof are entitled to such  
87 exemption as long as they continue to reside in such town; but such  
88 assessors may, at any time, require any such person to appear before  
89 them for the purpose of furnishing additional evidence, provided, any  
90 person who by reason of such person's disability is unable to so appear  
91 may furnish such assessors a statement from such person's attending  
92 physician or an advanced practice registered nurse certifying that such  
93 person is totally disabled and is unable to make a personal appearance  
94 and such other evidence of total disability as such assessors may deem  
95 appropriate.

96 Sec. 6. Subsection (a) of section 12-129c of the general statutes is  
97 repealed and the following is substituted in lieu thereof (*Effective*  
98 *October 1, 2012*):

99 (a) No claim shall be accepted under section 12-129b unless the  
100 taxpayer or authorized agent of such taxpayer files an application with  
101 the assessor of the municipality in which the property is located, in  
102 affidavit form as provided by the Secretary of the Office of Policy and  
103 Management, during the period from February first to and including  
104 May fifteenth of any year in which benefits are first claimed, including  
105 such information as is necessary to substantiate said claim in  
106 accordance with requirements in such application. A taxpayer may  
107 make application to the secretary prior to August fifteenth of the claim  
108 year for an extension of the application period. The secretary may  
109 grant such extension in the case of extenuating circumstance due to  
110 illness or incapacitation as evidenced by a [physician's] certificate  
111 signed by a physician or an advanced practice registered nurse to that  
112 extent, or if the secretary determines there is good cause for doing so.  
113 The taxpayer shall present to the assessor a copy of such taxpayer's  
114 federal income tax return and the federal income tax return of such

115 taxpayer's spouse, if filed separately, for such taxpayer's taxable year  
116 ending immediately prior to the submission of the taxpayer's  
117 application, or if not required to file a federal income tax return, such  
118 other evidence of qualifying income in respect to such taxable year as  
119 the assessor may require. Each such application, together with the  
120 federal income tax return and any other information submitted in  
121 relation thereto, shall be examined by the assessor and if the  
122 application is approved by the assessor, it shall be forwarded to the  
123 secretary on or before July first of the year in which such application is  
124 approved, except that in the case of a taxpayer who received a filing  
125 date extension from the secretary, such application shall be forwarded  
126 to the secretary not later than ten business days after the date it is filed  
127 with the assessor. After a taxpayer's claim for the first year has been  
128 filed and approved such taxpayer shall be required to file such an  
129 application biennially. In respect to such application required after the  
130 filing and approval for the first year the tax assessor in each  
131 municipality shall notify each such taxpayer concerning application  
132 requirements by regular mail not later than February first of the  
133 assessment year in which such taxpayer is required to reapply,  
134 enclosing a copy of the required application form. Such taxpayer may  
135 submit such application to the assessor by mail, provided it is received  
136 by the assessor not later than March fifteenth in the assessment year  
137 with respect to which such tax relief is claimed. Not later than April  
138 first of such year the assessor shall notify, by certified mail, any such  
139 taxpayer for whom such application was not received by said March  
140 fifteenth concerning application requirements and such taxpayer shall  
141 be required not later than May fifteenth to submit such application  
142 personally or for reasonable cause, by a person acting on behalf of such  
143 taxpayer as approved by the assessor.

144 Sec. 7. Subsection (a) of section 12-170f of the general statutes is  
145 repealed and the following is substituted in lieu thereof (*Effective*  
146 *October 1, 2012*):

147 (a) Any renter, believing himself or herself to be entitled to a grant  
148 under section 12-170d for any calendar year, shall make application for

149 such grant to the assessor of the municipality in which the renter  
150 resides or to the duly authorized agent of such assessor or  
151 municipality on or after May fifteenth and not later than September  
152 fifteenth of each year with respect to such grant for the calendar year  
153 preceding each such year, on a form prescribed and furnished by the  
154 Secretary of the Office of Policy and Management to the assessor. A  
155 renter may make application to the secretary prior to December  
156 fifteenth of the claim year for an extension of the application period.  
157 The secretary may grant such extension in the case of extenuating  
158 circumstance due to illness or incapacitation as evidenced by a  
159 [physician's] certificate signed by a physician or an advanced practice  
160 registered nurse to that extent, or if the secretary determines there is  
161 good cause for doing so. A renter making such application shall  
162 present to such assessor or agent, in substantiation of the renter's  
163 application, a copy of the renter's federal income tax return, and if not  
164 required to file a federal income tax return, such other evidence of  
165 qualifying income, receipts for money received, or cancelled checks, or  
166 copies thereof, and any other evidence the assessor or such agent may  
167 require. When the assessor or agent is satisfied that the applying renter  
168 is entitled to a grant, such assessor or agent shall issue a certificate of  
169 grant, in triplicate, in such form as the secretary may prescribe and  
170 supply showing the amount of the grant due. The assessor or agent  
171 shall forward the original copy and attached application to the  
172 secretary not later than the last day of the month following the month  
173 in which the renter has made application. On or after December 1,  
174 1989, any municipality which neglects to transmit to the secretary the  
175 claim and supporting applications as required by this section shall  
176 forfeit two hundred fifty dollars to the state, provided said secretary  
177 may waive such forfeiture in accordance with procedures and  
178 standards adopted by regulation in accordance with chapter 54. A  
179 duplicate of such certificate with a copy of the application attached  
180 shall be delivered to the renter and the assessor or agent shall keep the  
181 third copy of such certificate and a copy of the application. After the  
182 secretary's review of each claim, pursuant to section 12-120b, and  
183 verification of the amount of the grant the secretary shall, not later

184 than September thirtieth of each year prepare a list of certificates  
185 approved for payment, and shall thereafter supplement such list  
186 monthly. Such list and any supplements thereto shall be approved for  
187 payment by the secretary and shall be forwarded by the secretary to  
188 the Comptroller, not later than ninety days after receipt of such  
189 applications and certificates of grant from the assessor or agent, and  
190 the Comptroller shall draw an order on the Treasurer, not later than  
191 fifteen days following, in favor of each person on such list and on  
192 supplements to such list in the amount of such person's claim and the  
193 Treasurer shall pay such amount to such person, not later than fifteen  
194 days following. Any claimant aggrieved by the results of the  
195 secretary's review shall have the rights of appeal as set forth in section  
196 12-120b. Applications filed under this section shall not be open for  
197 public inspection. Any person who, for the purpose of obtaining a  
198 grant under section 12-170d, wilfully fails to disclose all matters  
199 related thereto or with intent to defraud makes false statement shall be  
200 fined not more than five hundred dollars.

201 Sec. 8. Subsection (a) of section 12-170w of the general statutes is  
202 repealed and the following is substituted in lieu thereof (*Effective*  
203 *October 1, 2012*):

204 (a) No claim shall be accepted under section 12-170v unless the  
205 taxpayer or authorized agent of such taxpayer files an application with  
206 the assessor of the municipality in which the property is located, in  
207 such form and manner as the assessor may prescribe, during the  
208 period from February first to and including May fifteenth of any year  
209 in which benefits are first claimed, including such information as is  
210 necessary to substantiate such claim in accordance with requirements  
211 in such application. A taxpayer may make application to the assessor  
212 prior to August fifteenth of the claim year for an extension of the  
213 application period. The assessor may grant such extension in the case  
214 of extenuating circumstance due to illness or incapacitation as  
215 evidenced by a [physician's] certificate signed by a physician or an  
216 advanced practice registered nurse to that extent, or if the assessor  
217 determines there is good cause for doing so. The taxpayer shall present

218 to the assessor a copy of such taxpayer's federal income tax return and  
219 the federal income tax return of such taxpayer's spouse, if filed  
220 separately, for such taxpayer's taxable year ending immediately prior  
221 to the submission of the taxpayer's application, or if not required to file  
222 a federal income tax return, such other evidence of qualifying income  
223 in respect to such taxable year as the assessor may require. Each such  
224 application, together with the federal income tax return and any other  
225 information submitted in relation thereto, shall be examined by the  
226 assessor and a determination shall be made as to whether the  
227 application is approved. Upon determination by the assessor that the  
228 applying homeowner is entitled to tax relief in accordance with the  
229 provisions of section 12-170v and this section, the assessor shall notify  
230 the homeowner and the municipal tax collector of the approval of such  
231 application. The municipal tax collector shall determine the maximum  
232 amount of the tax due with respect to such homeowner's residence and  
233 thereafter the property tax with respect to such homeowner's residence  
234 shall not exceed such amount. After a taxpayer's claim for the first year  
235 has been filed and approved such taxpayer shall file such an  
236 application biennially. In respect to such application required after the  
237 filing and approval for the first year the assessor in each municipality  
238 shall notify each such taxpayer concerning application requirements  
239 by regular mail not later than February first of the assessment year in  
240 which such taxpayer is required to reapply, enclosing a copy of the  
241 required application form. Such taxpayer may submit such application  
242 to the assessor by mail provided it is received by the assessor not later  
243 than March fifteenth in the assessment year with respect to which such  
244 tax relief is claimed. Not later than April first of such year the assessor  
245 shall notify, by certified mail, any such taxpayer for whom such  
246 application was not received by said March fifteenth concerning  
247 application requirements and such taxpayer shall submit not later than  
248 May fifteenth such application personally or for reasonable cause, by a  
249 person acting on behalf of such taxpayer as approved by the assessor.

250 Sec. 9. Subsection (f) of section 12-170aa of the general statutes is  
251 repealed and the following is substituted in lieu thereof (*Effective*  
252 *October 1, 2012*):



253 (f) Any homeowner, believing such homeowner is entitled to tax  
254 reduction benefits under this section for any assessment year, shall  
255 make application as required in subsection (e) of this section, to the  
256 assessor of the municipality in which the homeowner resides, for such  
257 tax reduction at any time from February first to and including May  
258 fifteenth of the year in which tax reduction is claimed. A homeowner  
259 may make application to the secretary prior to August fifteenth of the  
260 claim year for an extension of the application period. The secretary  
261 may grant such extension in the case of extenuating circumstance due  
262 to illness or incapacitation as evidenced by a [physician's] certificate  
263 signed by a physician or an advanced practice registered nurse to that  
264 extent, or if the secretary determines there is good cause for doing so.  
265 Such application for tax reduction benefits shall be submitted on a  
266 form prescribed and furnished by the secretary to the assessor. In  
267 making application the homeowner shall present to such assessor, in  
268 substantiation of such homeowner's application, a copy of such  
269 homeowner's federal income tax return, including a copy of the Social  
270 Security statement of earnings for such homeowner, and that of such  
271 homeowner's spouse, if filed separately, for such homeowner's taxable  
272 year ending immediately prior to the submission of such application,  
273 or if not required to file a return, such other evidence of qualifying  
274 income in respect to such taxable year as may be required by the  
275 assessor. When the assessor is satisfied that the applying homeowner  
276 is entitled to tax reduction in accordance with this section, such  
277 assessor shall issue a certificate of credit, in such form as the secretary  
278 may prescribe and supply showing the amount of tax reduction  
279 allowed. A duplicate of such certificate shall be delivered to the  
280 applicant and the tax collector of the municipality and the assessor  
281 shall keep the fourth copy of such certificate and a copy of the  
282 application. Any homeowner who, for the purpose of obtaining a tax  
283 reduction under this section, wilfully fails to disclose all matters  
284 related thereto or with intent to defraud makes false statement shall  
285 refund all property tax credits improperly taken and shall be fined not  
286 more than five hundred dollars. Applications filed under this section  
287 shall not be open for public inspection.

288 Sec. 10. Subdivision (1) of subsection (b) of section 16-262c of the  
289 2012 supplement to the general statutes is repealed and the following  
290 is substituted in lieu thereof (*Effective October 1, 2012*):

291 (b) (1) From November first to May first, inclusive, no electric or  
292 electric distribution company, as defined in section 16-1, no electric  
293 supplier and no municipal utility furnishing electricity shall terminate,  
294 deny or refuse to reinstate residential electric service in hardship cases  
295 where the customer lacks the financial resources to pay his or her  
296 entire account. From November first to May first, inclusive, no gas  
297 company and no municipal utility furnishing gas shall terminate, deny  
298 or refuse to reinstate residential gas service in hardship cases where  
299 the customer uses such gas for heat and lacks the financial resources to  
300 pay his or her entire account, except a gas company that, between May  
301 second and October thirty-first, terminated gas service to a residential  
302 customer who uses gas for heat and who, during the previous period  
303 of November first to May first, had gas service maintained because of  
304 hardship status, may refuse to reinstate the gas service from November  
305 first to May first, inclusive, only if the customer has failed to pay, since  
306 the preceding November first, the lesser of: (A) Twenty per cent of the  
307 outstanding principal balance owed the gas company as of the date of  
308 termination, (B) one hundred dollars, or (C) the minimum payments  
309 due under the customer's amortization agreement. Notwithstanding  
310 any other provision of the general statutes to the contrary, no electric,  
311 electric distribution or gas company, no electric supplier and no  
312 municipal utility furnishing electricity or gas shall terminate, deny or  
313 refuse to reinstate residential electric or gas service where the customer  
314 lacks the financial resources to pay his or her entire account and for  
315 which customer or a member of the customer's household the  
316 termination, denial of or failure to reinstate such service would create a  
317 life-threatening situation. No electric, electric distribution or gas  
318 company, no electric supplier and no municipal utility furnishing  
319 electricity or gas shall terminate, deny or refuse to reinstate residential  
320 electric or gas service where the customer is a hardship case and lacks  
321 the financial resources to pay his or her entire account and a child not  
322 more than twenty-four months old resides in the customer's household

323 and such child has been admitted to the hospital and received  
324 discharge papers on which the attending physician or an advanced  
325 practice registered nurse has indicated such service is a necessity for  
326 the health and well being of such child.

327 Sec. 11. Subsection (b) of section 16-262d of the general statutes is  
328 repealed and the following is substituted in lieu thereof (*Effective*  
329 *October 1, 2012*):

330 (b) No such company, electric supplier or municipal utility shall  
331 effect termination of service for nonpayment during such time as any  
332 resident of a dwelling to which such service is furnished is seriously ill,  
333 if the fact of such serious illness is certified to such company, electric  
334 supplier or municipal utility by a registered physician or an advanced  
335 practice registered nurse within such period of time after the mailing  
336 of a termination notice pursuant to subsection (a) of this section as the  
337 Public Utilities Regulatory Authority may by regulation establish,  
338 provided the customer agrees to amortize the unpaid balance of his  
339 account over a reasonable period of time and keeps current his account  
340 for utility service as charges accrue in each subsequent billing period.

341 Sec. 12. Subsection (a) of section 31-12 of the general statutes is  
342 repealed and the following is substituted in lieu thereof (*Effective*  
343 *October 1, 2012*):

344 (a) None of the following persons under the conditions hereinafter  
345 described shall be employed in any manufacturing or mechanical  
346 establishment more than nine hours in any day or forty-eight hours in  
347 any calendar week: (1) Persons under the age of eighteen years who  
348 are not enrolled in and have not graduated from a secondary  
349 educational institution; (2) persons sixty-six years of age or older,  
350 except with their consent; (3) handicapped persons, so designated by  
351 medical or governmental authority, except with their consent and after  
352 certification by a physician or an advanced practice registered nurse  
353 that the extended hours of work will not be injurious to their health; (4)  
354 disabled veterans, as defined under state or federal law, except with  
355 their consent and after certification by a physician or an advanced

356 practice registered nurse that the extended hours of work will not be  
357 injurious to their health.

358 Sec. 13. Subsection (a) of section 31-13 of the general statutes is  
359 repealed and the following is substituted in lieu thereof (*Effective*  
360 *October 1, 2012*):

361 (a) None of the following persons under the conditions hereinafter  
362 described shall be employed in any mercantile establishment more  
363 than eight hours in any one day, or more than six days in any one  
364 calendar week or more than forty-eight hours in any one calendar  
365 week: (1) Persons under the age of eighteen years who are not enrolled  
366 in and have not graduated from a secondary educational institution;  
367 (2) persons sixty-six years of age or older, except with their consent; (3)  
368 handicapped persons, so designated by medical or governmental  
369 authority, except with their consent and after certification by a  
370 physician or an advanced practice registered nurse that the extended  
371 hours of work will not be injurious to their health; (4) disabled  
372 veterans, as defined under state or federal law, except with their  
373 consent and after certification by a physician or an advanced practice  
374 registered nurse that the extended hours of work will not be injurious  
375 to their health; but any such person may be permitted to work in any  
376 such establishment one day in any calendar week for not more than  
377 ten hours, for the purpose of making one shorter day during such  
378 week, and any employer who, during any year, gives not fewer than  
379 seven holidays with pay shall be exempt from the foregoing provisions  
380 hereof during the period from the eighteenth to the twenty-fifth day of  
381 December of such year.

382 Sec. 14. Subsection (a) of section 31-18 of the general statutes is  
383 repealed and the following is substituted in lieu thereof (*Effective*  
384 *October 1, 2012*):

385 (a) No public restaurant, cafe, dining room, barber shop,  
386 hairdressing or manicuring establishment, amusement or recreational  
387 establishment, bowling alley, shoe-shining establishment, billiard or  
388 pool room or photograph gallery shall employ or permit to work any

389 person under eighteen years of age (1) between the hours of ten o'clock  
390 in the evening and six o'clock in the morning, or any of the persons  
391 described below under conditions herein set forth more than nine  
392 hours in any day: (A) Persons sixty-six years of age or older, except  
393 with their consent; (B) handicapped persons, so designated by medical  
394 or governmental authority, except with their consent and after  
395 certification by a physician or an advanced practice registered nurse  
396 that the extended hours of work will not be injurious to their health;  
397 (C) disabled veterans, as defined under state or federal law, except  
398 with their consent and after certification by a physician or an advanced  
399 practice registered nurse that the extended hours of work will not be  
400 injurious to their health; provided any such person may be permitted  
401 to work in any such establishment one day in a week for not more than  
402 ten hours on such day, but not more than six days or forty-eight hours  
403 in any one week, and provided further, persons between sixteen and  
404 eighteen years of age may be employed in any amusement or  
405 recreational establishment, restaurant, cafe or dining room, or  
406 employed in any theater until twelve o'clock midnight unless such  
407 persons are regularly attending school in which case such minors may  
408 be employed until eleven o'clock in the evening on days which precede  
409 a regularly scheduled school day and until twelve o'clock midnight  
410 during any regular school vacation season and on days which do not  
411 precede a regularly scheduled school day, and (2) more than (A) six  
412 hours in any regularly scheduled school day unless the regularly  
413 scheduled school day immediately precedes a nonschool day or eight  
414 hours in any other day, and (B) thirty-two hours in any calendar week  
415 during which the school in which such person is enrolled is in session  
416 or forty-eight hours in any other calendar week during which the  
417 school in which such person is enrolled is not in session.  
418 Notwithstanding any provision of this section, the number of hours  
419 such person participates in a work experience that is part of an  
420 approved educational plan, cooperative program or school-to-work  
421 program shall not be counted against the daily or weekly limits set  
422 forth in this section.

423 Sec. 15. Subdivision (1) of subsection (c) of section 31-235 of the

424 general statutes is repealed and the following is substituted in lieu  
425 thereof (*Effective October 1, 2012*):

426 (c) (1) Notwithstanding the provisions of subsection (a) or (b) of this  
427 section, an unemployed individual may limit such individual's  
428 availability for work to part-time employment, provided the  
429 individual (A) provides documentation from a licensed physician or  
430 an advanced practice registered nurse that (i) the individual has a  
431 physical or mental impairment that is chronic or is expected to be long-  
432 term or permanent in nature, and (ii) the individual is unable to work  
433 full-time because of such impairment, and (B) establishes, to the  
434 satisfaction of the administrator, that such limitation does not  
435 effectively remove such individual from the labor force.

436 Sec. 16. Subsection (a) of section 31-308 of the general statutes is  
437 repealed and the following is substituted in lieu thereof (*Effective*  
438 *October 1, 2012*):

439 (a) If any injury for which compensation is provided under the  
440 provisions of this chapter results in partial incapacity, the injured  
441 employee shall be paid a weekly compensation equal to seventy-five  
442 per cent of the difference between the wages currently earned by an  
443 employee in a position comparable to the position held by the injured  
444 employee before his injury, after such wages have been reduced by  
445 any deduction for federal or state taxes, or both, and for the federal  
446 Insurance Contributions Act in accordance with section 31-310, and the  
447 amount he is able to earn after the injury, after such amount has been  
448 reduced by any deduction for federal or state taxes, or both, and for  
449 the federal Insurance Contributions Act in accordance with section 31-  
450 310, except that when (1) the physician or the advanced practice  
451 registered nurse attending an injured employee certifies that the  
452 employee is unable to perform his usual work but is able to perform  
453 other work, (2) the employee is ready and willing to perform other  
454 work in the same locality and (3) no other work is available, the  
455 employee shall be paid his full weekly compensation subject to the  
456 provisions of this section. Compensation paid under this subsection

457 shall not be more than one hundred per cent, raised to the next even  
458 dollar, of the average weekly earnings of production and related  
459 workers in manufacturing in the state, as determined in accordance  
460 with the provisions of section 31-309, and shall continue during the  
461 period of partial incapacity, but no longer than five hundred twenty  
462 weeks. If the employer procures employment for an injured employee  
463 that is suitable to his capacity, the wages offered in such employment  
464 shall be taken as the earning capacity of the injured employee during  
465 the period of the employment.

466 Sec. 17. Subsection (b) of section 31-51rr of the general statutes is  
467 repealed and the following is substituted in lieu thereof (*Effective*  
468 *October 1, 2012*):

469 (b) Any employee of a political subdivision of the state who has  
470 worked at least twelve months and one thousand two hundred fifty  
471 hours for such employer during the previous twelve-month period  
472 may request leave in order to serve as an organ or bone marrow donor,  
473 provided such employee may be required, prior to the inception of  
474 such leave, to provide sufficient written certification from the  
475 physician of such employee or an advanced practice registered nurse  
476 of the proposed organ or bone marrow donation and the probable  
477 duration of the employee's recovery from such donation.

478 Sec. 18. Subdivision (1) of subsection (a) of section 38a-457 of the  
479 2012 supplement to the general statutes is repealed and the following  
480 is substituted in lieu thereof (*Effective October 1, 2012*):

481 (1) "Accelerated benefits" means benefits payable under a life  
482 insurance policy sold in this state: (A) During the lifetime of the  
483 insured, in a lump sum or in periodic payments, as specified in the  
484 policy, (B) upon the occurrence of a qualifying event, as defined in the  
485 policy, and certified by a physician or an advanced practice registered  
486 nurse who is licensed under the laws of a state or territory of the  
487 United States, or such other foreign or domestic jurisdiction as the  
488 Insurance Commissioner may approve, and (C) which reduce the  
489 death benefits otherwise payable under the life insurance policy.

490 Sec. 19. Section 38a-465g of the general statutes is repealed and the  
491 following is substituted in lieu thereof (*Effective October 1, 2012*):

492 (a) Before entering into a life settlement contract with any owner of  
493 a policy wherein the insured is terminally ill or chronically ill, a  
494 provider shall obtain:

495 (1) If the owner is the insured, a written statement from a licensed  
496 attending physician or an advanced practice registered nurse that the  
497 owner is of sound mind and under no constraint or undue influence to  
498 enter into the settlement contract; and

499 (2) A document in which the insured consents to the release of the  
500 insured's medical records to a provider, broker or insurance producer,  
501 and, if the policy was issued less than two years from the date of  
502 application for a settlement contract, to the insurance company that  
503 issued the policy.

504 (b) The insurer shall respond to a request for verification of  
505 coverage submitted by a provider, broker or life insurance producer on  
506 a form approved by the commissioner not later than thirty calendar  
507 days after the date the request was received. The insurer shall  
508 complete and issue the verification of coverage or indicate in which  
509 respects it is unable to respond. In its response, the insurer shall  
510 indicate whether, based on the medical evidence and documents  
511 provided, the insurer intends to pursue an investigation regarding the  
512 validity of the policy.

513 (c) Prior to or at the time of execution of the settlement contract, the  
514 provider shall obtain a witnessed document in which the owner  
515 consents to the settlement contract, represents that the owner has a full  
516 and complete understanding of the settlement contract, that the owner  
517 has a full and complete understanding of the benefits of the policy,  
518 acknowledges that the owner is entering into the settlement contract  
519 freely and voluntarily and, for persons with a terminal or chronic  
520 illness or condition, acknowledges that the insured has a terminal or  
521 chronic illness or condition and that the terminal or chronic illness or



522 condition was diagnosed after the life insurance policy was issued.

523 (d) If a broker or life insurance producer performs any of the  
524 activities required of the provider under this section, the provider shall  
525 be deemed to have fulfilled the requirements of this section.

526 (e) The insurer shall not unreasonably delay effecting change of  
527 ownership or beneficiary with any life settlement contract lawfully  
528 entered into in this state or with a resident of this state.

529 (f) Not later than twenty days after an owner executes the life  
530 settlement contract, the provider shall give written notice to the insurer  
531 that issued the policy that the policy has become subject to a life  
532 settlement contract. The notice shall be accompanied by a copy of the  
533 medical records release required under subdivision (2) of subsection  
534 (a) of this section and a copy of the insured's application for the life  
535 settlement contract.

536 (g) All medical information solicited or obtained by any person  
537 licensed pursuant to this part shall be subject to applicable provisions  
538 of law relating to the confidentiality of medical information.

539 (h) Each life settlement contract entered into in this state shall  
540 provide that the owner may rescind the contract not later than fifteen  
541 days from the date it is executed by all parties thereto. Such rescission  
542 exercised by the owner shall be effective only if both notice of  
543 rescission is given to the provider and the owner repays all proceeds  
544 and any premiums, loans and loan interest paid by the provider within  
545 the rescission period. A failure to provide written notice of the right of  
546 rescission shall toll the period of such right until thirty days after the  
547 written notice of the right of rescission has been given. If the insured  
548 dies during the rescission period, the contract shall be deemed to have  
549 been rescinded, subject to repayment by the owner or the owner's  
550 estate of all proceeds and any premiums, loans and loan interest to the  
551 provider.

552 (i) Not later than three business days after the date the provider

553 receives the documents from the owner to effect the transfer of the  
554 insurance policy, the provider shall pay or transfer the proceeds of the  
555 settlement into an escrow or trust account managed by a trustee or  
556 escrow agent in a state or federally-chartered financial institution  
557 whose deposits are insured by the Federal Deposit Insurance  
558 Corporation. Not later than three business days after receiving  
559 acknowledgment of the transfer of the insurance policy from the issuer  
560 of the policy, said trustee or escrow agent shall pay the settlement  
561 proceeds to the owner.

562 (j) Failure to tender the life settlement contract proceeds to the  
563 owner within the time set forth in section 38a-465f shall render the  
564 viatical settlement contract voidable by the owner for lack of  
565 consideration until the time such consideration is tendered to, and  
566 accepted by, the owner.

567 (k) Any fee paid by a provider, party, individual or an owner to a  
568 broker in exchange for services provided to the owner pertaining to a  
569 life settlement contract shall be computed as a percentage of the offer  
570 obtained and not as a percentage of the face value of the policy.  
571 Nothing in this section shall be construed to prohibit a broker from  
572 reducing such broker's fee below such percentage.

573 (l) Each broker shall disclose to the owner anything of value paid or  
574 given to such broker in connection with a life settlement contract  
575 concerning the owner.

576 (m) No person at any time prior to, or at the time of, the application  
577 for or issuance of a policy, or during a two-year period commencing  
578 with the date of issuance of the policy, shall enter into a life settlement  
579 contract regardless of the date the compensation is to be provided and  
580 regardless of the date the assignment, transfer, sale, devise, bequest or  
581 surrender of the policy is to occur. This prohibition shall not apply if  
582 the owner certifies to the provider that:

583 (1) The policy was issued upon the owner's exercise of conversion  
584 rights arising out of a group or individual policy, provided the total of

585 the time covered under the conversion policy plus the time covered  
586 under the prior policy is not less than twenty-four months. The time  
587 covered under a group policy must be calculated without regard to a  
588 change in insurance carriers, provided the coverage has been  
589 continuous and under the same group sponsorship; or

590 (2) The owner submits independent evidence to the provider that  
591 one or more of the following conditions have been met within said  
592 two-year period: (A) The owner or insured is terminally ill or  
593 chronically ill; (B) the owner or insured disposes of the owner or  
594 insured's ownership interests in a closely held corporation, pursuant to  
595 the terms of a buyout or other similar agreement in effect at the time  
596 the insurance policy was initially issued; (C) the owner's spouse dies;  
597 (D) the owner divorces his or her spouse; (E) the owner retires from  
598 full-time employment; (F) the owner becomes physically or mentally  
599 disabled and a physician or an advanced practice registered nurse  
600 determines that the disability prevents the owner from maintaining  
601 full-time employment; or (G) a final order, judgment or decree is  
602 entered by a court of competent jurisdiction on the application of a  
603 creditor of the owner, adjudicating the owner bankrupt or insolvent, or  
604 approving a petition seeking reorganization of the owner or  
605 appointing a receiver, trustee or liquidator to all or a substantial part of  
606 the owner's assets.

607 (n) Copies of the independent evidence required by subdivision (2)  
608 of subsection (m) of this section shall be submitted to the insurer when  
609 the provider submits a request to the insurer for verification of  
610 coverage. The copies shall be accompanied by a letter of attestation  
611 from the provider that the copies are true and correct copies of the  
612 documents received by the provider. Nothing in this section shall  
613 prohibit an insurer from exercising its right to contest the validity of  
614 any policy.

615 (o) If, at the time the provider submits a request to the insurer to  
616 effect the transfer of the policy to the provider, the provider submits a  
617 copy of independent evidence of subparagraph (A) of subdivision (2)

618 of subsection (m) of this section, such copy shall be deemed to  
 619 establish that the settlement contract satisfies the requirements of this  
 620 section.

621 Sec. 20. Subsections (b) and (c) of section 38a-477 of the general  
 622 statutes are repealed and the following is substituted in lieu thereof  
 623 (*Effective October 1, 2012*):

624 (b) For any claim submitted to an insurer on the current standard  
 625 Health Care Financing Administration Fifteen Hundred health  
 626 insurance claim form or its successor, if the following information is  
 627 completed and received by the insurer, the claim may not be deemed  
 628 to be deficient in the information needed for filing a claim for  
 629 processing pursuant to subparagraph (B) of subdivision (15) of section  
 630 38a-816.

T1	Item Number	Item Description
T2	1a	Insured's identification number
T3	2	Patient's name
T4	3	Patient's birth date and sex
T5	4	Insured's name
T6	10a	Patient's condition - employment
T7	10b	Patient's condition - auto accident
T8	10c	Patient's condition - other accident
T9	11	Insured's policy group number
T10		(if provided on identification card)
T11	11d	Is there another health benefit plan?
T12	17a	Identification number of referring physician <u>or</u>
T13		<u>advanced practice registered nurse</u>
T14		(if required by insurer)
T15	21	Diagnosis
T16	24A	Dates of service
T17	24B	Place of service
T18	24D	Procedures, services or supplies
T19	24E	Diagnosis code
T20	24F	Charges

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T21	25	Federal tax identification number
T22	28	Total charge
T23	31	Signature of physician, <u>advanced practice</u>
T24		<u>registered nurse</u> or supplier with date
T25	33	Physician's, <u>advanced practice registered nurse's</u>
T26		<u>or</u> supplier's billing name,
T27		address, zip code & telephone number

631 (c) For any claim submitted to an insurer on the current standard  
 632 Health Care Financing Administration UB-92 health insurance claim  
 633 form or its successor, if the following information is completed and  
 634 received by the insurer, the claim may not be deemed to be deficient in  
 635 the information needed for filing a claim for processing pursuant to  
 636 subparagraph (B) of subdivision (15) of section 38a-816.

T28	Item Number	Item Description
T29	1	Provider name and address
T30	5	Federal tax identification number
T31	6	Statement covers period
T32	12	Patient name
T33	14	Patient's birth date
T34	15	Patient's sex
T35	17	Admission date
T36	18	Admission hour
T37	19	Type of admission
T38	21	Discharge hour
T39	42	Revenue codes
T40	43	Revenue description
T41	44	HCPCS/CPT4 codes
T42	45	Service date
T43	46	Service units
T44	47	Total charges by revenue code
T45	50	Payer identification
T46	51	Provider number
T47	58	Insured's name

T48	60	Patient's identification number
T49		(policy number and/or
T50		Social Security number)
T51	62	Insurance group number
T52		(if on identification card)
T53	67	Principal diagnosis code
T54	76	Admitting diagnosis code
T55	80	Principle procedure code and date
T56	81	Other procedures code and date
T57	82	[Attending physician's] <u>The identification</u>
T58		<u>number of the attending physician or advanced</u>
T59		<u>practice registered nurse</u>

This act shall take effect as follows and shall amend the following sections:

Section 1	<i>October 1, 2012</i>	10-221a(e)
Sec. 2	<i>October 1, 2012</i>	10a-155(a)
Sec. 3	<i>October 1, 2012</i>	10a-155a
Sec. 4	<i>October 1, 2012</i>	10a-155b(a)
Sec. 5	<i>October 1, 2012</i>	12-94
Sec. 6	<i>October 1, 2012</i>	12-129c(a)
Sec. 7	<i>October 1, 2012</i>	12-170f(a)
Sec. 8	<i>October 1, 2012</i>	12-170w(a)
Sec. 9	<i>October 1, 2012</i>	12-170aa(f)
Sec. 10	<i>October 1, 2012</i>	16-262c(b)(1)
Sec. 11	<i>October 1, 2012</i>	16-262d(b)
Sec. 12	<i>October 1, 2012</i>	31-12(a)
Sec. 13	<i>October 1, 2012</i>	31-13(a)
Sec. 14	<i>October 1, 2012</i>	31-18(a)
Sec. 15	<i>October 1, 2012</i>	31-235(c)(1)
Sec. 16	<i>October 1, 2012</i>	31-308(a)
Sec. 17	<i>October 1, 2012</i>	31-51rr(b)
Sec. 18	<i>October 1, 2012</i>	38a-457(a)(1)
Sec. 19	<i>October 1, 2012</i>	38a-465g
Sec. 20	<i>October 1, 2012</i>	38a-477(b) and (c)

**Statement of Legislative Commissioners:**

In section 2(a)(1), "or an advanced practice registered nurse" was inserted after "a physician" and "or advanced practice registered nurse" was inserted after "such physician" for consistency; in the introductory language for section 7, "21-170f" was changed to "12-170f" for accuracy; and in section 12(a)(4), "an" was inserted before "advanced practice registered nurse" for clarity and consistency.

**PH**            *Joint Favorable Subst.*

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

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***OFA Fiscal Note***

***State Impact:*** None

***Municipal Impact:*** None

***Explanation***

There is no fiscal impact to the Department of Public Health associated with allowing advanced practice registered nurses to certify, sign, or otherwise document medical information in certain situations.

***The Out Years***

***State Impact:*** None

***Municipal Impact:*** None



**OLR Bill Analysis****sSB 414*****AN ACT CONCERNING ADVANCED PRACTICE REGISTERED NURSES' CERTIFICATION OR SIGNATURE.*****SUMMARY:**

This bill allows an advanced practice registered nurse (APRN) to certify, sign, or otherwise document medical information in specified situations that currently require a physician's signature, certification, or documentation. Several of the certifications covered by the bill involve situations where someone must provide medical information to establish an exemption from otherwise applicable requirements (e.g., certifications that someone is ill or incapacitated and thus needs an extension for applying for certain tax relief programs).

The bill also makes technical changes.

EFFECTIVE DATE: October 1, 2012

**APRN CERTIFICATIONS, SIGNATURES, OR OTHER DOCUMENTATION**

The bill allows APRNs to do the following, which under existing law, with a few exceptions, only a physician is authorized to do:

1. certify that a high school student's participation in physical education is medically contraindicated because of the student's physical condition, thus excusing the student from physical education requirements (§ 1);
2. certify that a student enrolling in a higher education institution has had a confirmed case of measles, rubella, mumps, or varicella, or that immunization would be medically contraindicated, thus exempting the student from the requirement to show proof of having been immunized against

such diseases (§ 2);

3. certify that a student's presence at a higher education institution, although the student is not immunized against measles or rubella, would not present a clear health danger to others, thus preventing the student from being excluded from school or confined in an infirmary or other medical facility at the school (§ 3);
4. certify that a student's physical condition medically contraindicates vaccination against meningitis, thus exempting the student from the general requirement that students who live in on-campus housing at public or private colleges or universities be vaccinated against the disease (§ 4);
5. certify that someone is totally disabled and thus unable to appear before the town assessor to provide evidence of eligibility for property tax exemptions available to service members, veterans, blind or totally disabled persons, and certain family members of such people (§ 5);
6. certify that someone is ill or incapacitated, for purposes of the person applying for an extension related to various tax relief or tax credit programs, including the property tax freeze program for the elderly (§ 6), elderly or disabled renters' tax relief program (§ 7), municipal optional property tax freeze for seniors program (§ 8), and "circuit breaker" property tax program for the elderly or disabled (§ 9);
7. for purposes of laws prohibiting utility shut-offs in certain circumstances, (a) indicate on the hospital discharge papers for a child up to 24 months old that electric or gas service is a necessity for the child's health and well-being (§ 10) or (b) certify that a resident at the dwelling is seriously ill (§ 11);
8. certify that it would not be injurious to the health of a handicapped person or disabled veteran to work extended hours

in manufacturing, mechanical, or mercantile establishments, restaurants, and various other settings (§§ 12-14);

9. document that someone has a physical or mental impairment that is chronic or expected to be long-term or permanent and that leaves the person unable to work full-time, for purposes of the person's eligibility for unemployment compensation while only available for part-time work (§ 15);
10. certify that someone with partial incapacity is unable to perform his or her usual work but is able to perform other work, for purposes of calculating worker's compensation benefits (§ 16);
11. certify a political subdivision employee's proposed organ or bone marrow donation and the probable duration of the person's recovery, for purposes of the person seeking medical leave for the donation (§ 17);
12. certify the occurrence of a qualifying event (e.g., a medical condition expected to result in death within a year) for purposes of accelerated benefits under a life insurance policy (§ 18);
13. provide a statement that a policy owner is of sound mind and under no constraint or undue influence, before a life settlement provider can enter into a life settlement contract with a policy owner who is also the insured and who is terminally or chronically ill (§ 19);
14. determine that an owner's physical or mental disability prevents the owner from full-time employment, for purposes of an exception to the general prohibition on someone entering into a life settlement contract before, when, or within two years of purchasing a life insurance policy (§ 19); and
15. provide the APRN's identification number, signature, and contact information on the standard Health Care Financing Administration 1500 (HCFA 1500) health insurance claim form, for purposes of providing, along with various other information,

the minimum information needed for a health care provider's claim for payment to be complete (§ 20).

**BACKGROUND*****Related Bill***

Among other things, HB 5387 (File 102), reported favorably by the Insurance and Real Estate Committee, allows a health care provider to submit his or her National Provider Identifier, instead of a federal tax identification number, on the HCFA 1500 health insurance claim form.

**COMMITTEE ACTION**

Public Health Committee

Joint Favorable Substitute

Yea    28    Nay   0    (03/29/2012)